

# CONFIDENTIALITY AGREEMENT

By signature below, I understand that I am now a participant in an EEO complaint investigation. I understand that confidentiality is a requirement in this administrative process and that by order of the Agency Administrator; I am not to discuss the questions posed, my responses, or any other particulars of this investigation.

I further certify that all of my statements are both true and complete, and that I make these statements without any belief of threat or intimidation by the investigator.

Finally, I acknowledge that providing false information during this investigative interview may lead to stringent disciplinary measures, including suspension or termination, as well as possible legal recourse by the parties involved in the complaint.

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**Print your Name**

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**Time**

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**Signature**

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**Date**

**Witnessed by:**

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**Date**

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**Time**